

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559903

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/	/				
4	/	/				
5	/	/				
6	/	5				
7		1				
8		1				
9	/					
10		/				
11		/				
12		/				
13		/				
14		1				
15		1				
16	/					
17		/				
18	/					
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21	/					
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23		/				
24	/					
25	/					
26	/					
27	/					
28	/					
29		1				
30		1				
31		1				
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48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	20					
TOTAL CLAIMS	32					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						